

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA; et seq.  
Plaintiff (Petitioner)

CASE and/or DOCKET No.: 17-00130

Sheriff's Sale Date: \_\_\_\_\_

V.

KEVIN M. HATCH, ET AL,  
Defendant (Respondent)

AFFIDAVIT OF SERVICE

TYPE OF PROCESS: ORDER, SUMMONS AND COMPLAINT, EXHIBIT A

I, ERIC AFFLERBACH, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party, and that I served KEVIN M. HATCH the above process on the 12 day of June, 2017, at 11:09 o'clock, A.M., at 2439 WEST HAROLD STREET PHILADELPHIA, PA 19132, County of Philadelphia, Commonwealth of Pennsylvania:

Manner of Service: <sup>2</sup> <sup>2</sup>

☒ By posting a copy of the original process on the most public part of the property pursuant to an order of court

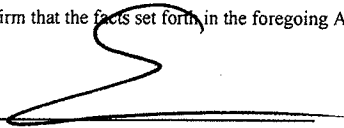
Service was attempted on the following dates/times:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Commonwealth/State of Pa )  
County of Berks ) SS:  
 )

Before me, the undersigned notary public, this day, personally, appeared Eric Afflerbach to me known, who being duly sworn according to law, deposes the following:


I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service are true and correct.

  
(Signature of Affiant)

File Number: USA-158113

Case ID #: 4908292

Subscribed and sworn to before me  
this 15 day of June, 20 17



Notary Public

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Teresa Minzola, Notary Public  
Washington Township, Berks County  
My Commission Expires December 05, 2017

**Sheriff's Sale Date:** \_\_\_\_\_

**NOTARIAL SEAL** Notary Public  
Teresa Minzola, Notary Public  
Washington Township, Berks County  
My Commission Expires December 05, 2017

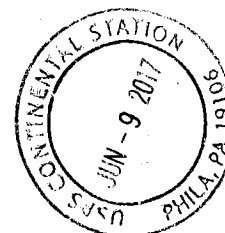
PCO-BA

USPS Manifest Mailing System

Page 1

<b>Mailer's Name &amp; Address</b> KML Law Group 701 Market Street Suite 5000 Philadelphia, PA 19106	<b>Permit Number</b> 123	<b>MAC Ver. Number</b> ConnectShip Prologistics 6.5
	<b>Sequence Number</b> 6475-1	<b>Class of Mail</b> Mixed

Article #/ Piece ID	Addressee Name Delivery Address	ES Type	Postage	ES Fee	Insurance Amount	Due/ Sender	Total Charge
9171999991703808773182 9171999991703808773182	[REDACTED]	ERR C	0.925	1.40 3.45			5.78
9171999991703808773236 9171999991703808773236	[REDACTED]	ERR C	0.925	1.40 3.45			5.78
9171999991703808773243 9171999991703808773243	[REDACTED]	ERR C	0.925	1.40 3.45			5.78
9171999991703808773250 9171999991703808773250	[REDACTED]	ERR C	0.925	1.40 3.45			5.78
9171999991703808773335 9171999991703808773335	HATCH, KEVIN M. 6542 Ogontz Avenue Philadelphia, PA 19126	ERR C	0.925	1.40 3.45			5.78
9171999991703808773359 9171999991703808773359	HATCH, KEVIN M. 2439 West Harold Street Philadelphia, PA 19132	ERR C	0.925	1.40 3.45			5.78
9171999991703808773410 9171999991703808773410	[REDACTED]	ERR C	0.925	1.40 3.45			5.78



Page Totals	7	6.48	33.95	40.42
Cumulative Totals	7	6.48	33.95	40.42

USPS CERTIFICATION

Total Number Of Pieces Received \_\_\_\_\_


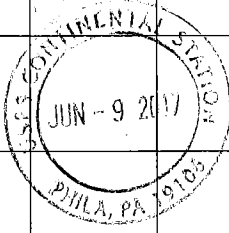
Signature of Receiving Employee \_\_\_\_\_

Round Stamp \_\_\_\_\_

PS Form 3877 (Facsimile)

Extra Service Codes:

C Certified  
ERR Return Receipt

Name and Address of Sender <b>KML LAW GROUP, P.C. SUITE 5000 701 MARKET STREET PHILADELPHIA, PA 19106-1532</b>		Check type of mail or service: <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Recorded Delivery (International) <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation		Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt		<div style="text-align: center;">   </div>									
Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Handling Charge	Fee	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee			
1.	<b>TO KEVIN HATCH HATCH, KEVIN M. 2439 West Harold Street Philadelphia, PA 19132</b>														
2.															
3.	<b>TO KEVIN HATCH HATCH, KEVIN M. 6542 Ogontz Avenue Philadelphia, PA 19126 --3408</b>														
4.															
5.															
6.															
7.															
8.															
Total Number of Pieces Listed by Sender: <b>(2)</b>		Total Number of Pieces Received at Post Office		Postmaster, Per (Name of receiving employee)		See Privacy Act Statement on Reverse									

Complete by Typewriter, Ink, or Ball Point Pen

PS Form 3877, February 2002 (Page 1 of 2)

USA-158113 Philadelphia County Sale Date:

KEVIN M. HATCH

Rec - Brittni Augustin